

<p align="center">DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS</p>	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: This form will pre-populate for competing continuation and competing supplement applicants.

BOARD MEMBER Name	Current Board Office Position Held	Area of Expertise <small>(Place asterisk (*) if member derives more than 10% of income from health industry)</small>	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area	Special Population Representative <small>(If yes, specify Special Population)</small>

PATIENT BOARD MEMBER CLASSIFICATION

Gender	Number of Patient Board Members
Male	
Female	
Unreported/RefusDeclined to Report	
Ethnicity	Number of Patient Board Members
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/RefusDeclined to Report	
Race	Number of Patient Board Members
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
Unreported/RefusDeclined to Report	

Note: The question below is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.
If the applicant is a public organization/center, do the board members listed above represent a co-applicant board? Yes No N/A

If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.

Note: Add additional pages if needed.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1-hour-30 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of

information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room [10-3314N-39](#), Rockville, Maryland, 20857.